

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

George Holding for Congress Inc.

Full Name (Last, First, Middle Initial)

**A. CIGAR-PAC**Mailing Address 818 CONNECTICUT AVENUE NW  
SUITE 200

City Washington State DC Zip Code 20006

Purpose of Disbursement  
IN-KIND RECEIVED In-Kind - Conference AttendanceCandidate Name  
**CIGAR-PAC**Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) General 2016

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	28	2016

Amount of Each Disbursement this Period

574.80
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☐ Memo Item**Transaction ID : SB17-CN114773**

In-Kind Received In-Kind - Conference Attendance

**B. INTERNATIONAL PREMIUM CIGAR AND PIPE RETAILERS PAC**

Mailing Address 4 BRADLEY PARK COURT SUITE 2H

City Columbus State GA Zip Code 31904

Purpose of Disbursement  
IN-KIND RECEIVED In-Kind - Event CigarsCandidate Name  
INTERNATIONAL PREMIUM CIGAR AND PIPE RETAILERS PACOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Other 2016

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	06	2016

Amount of Each Disbursement this Period

325.00
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☐ Memo Item**Transaction ID : SB17-CN113341**

In-Kind Received In-Kind - Event Cigars

**c. Mr. Elbert M Boyd Jr**

Mailing Address PO Box 99189

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
IN-KIND RECEIVED In-kind - Food/Beverage

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) General 2016

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	30	2016

Amount of Each Disbursement this Period

195.68
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☐ Memo Item**Transaction ID : SB17-CN114785**

In-Kind Received In-kind - Food/Beverage

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1095.48